

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:**

- Complete all required fields (shown in red\*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

<b>1. Your Name:*</b> Roll, Alicia	<b>7. Your Phone Number:</b> (650) 461-5614
<b>2. Your Email Address: *</b> rolla@sullcrom.com	<b>8. Full Case Number (if applicable):</b> 3:22-cv-05416-WHO
<b>3. Receipt Number:*</b> BCANDC-17595187	<b>9. Fee Type:*</b> <div style="margin-left: 20px;"> <input type="checkbox"/> Attorney Admission  <input type="checkbox"/> Civil Case Filing  <input type="checkbox"/> FTR Audio Recording  <input type="checkbox"/> Notice of Appeal  <input checked="" type="checkbox"/> Pro Hac Vice  <input type="checkbox"/> Writ of Habeas Corpus         </div>
<b>4. Transaction Date:*</b> 10/05/2022	
<b>5. Transaction Time:*</b> 12:36 am	
<b>6. Transaction Amount (Amount to be refunded):*</b> \$ 317.00	
<b>10. Reason for Refund Request:*</b> Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> <li>▪ For a duplicate charge, provide the <b>correct</b> receipt number in this field.</li> <li>▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the <b>open</b> case).</li> </ul> <p>CORRECT RECEIPT #ACANDC-17595187</p> <p>Card no. ending in 1000 was used the 1st time I paid the fee, but the system said payment did not go through &amp; restart.</p> <p>Card no ending in 1008 was used the 2nd time I paid the fee &amp; it posted 10/5/22 at 12:36 am Eastern.</p> <p>However, card ending in 1000 did go through, it posted 10/5/22 at 12:23 am; making card 1008 a duplicate payment.</p>	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: [cand.uscourts.gov/ecf/payments](http://cand.uscourts.gov/ecf/payments). For assistance, contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="margin-left: 20px;"> <input type="checkbox"/> Approved  <input type="checkbox"/> Denied  <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial)         </div>	
Approval/denial date: 10/26/2022	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please enter the receipt number and transaction time to be refunded in boxes #3 and #5.	
Referred for OSC date (if applicable):	